



TECHNOLOGY CENTER R3700

TO NO.		Docket Number: 19603/3541 (CRF D-2694A)	
TION FOR EXTENSION OF TIME UNDER	R 37 CFR 1.136(a) In re Application of: Hym	<u>-</u>	
CERTIFICATE OF MAILING	in ic application of flyll	mun et al.	
I hereby certify that this correspondence is being deposited with the United States Postal Service	Application Number: 10/	0/001,643 Filed: October 31, 2001	
with sufficient postage for first class mail in an	For: IN VIVO MULTIPI	HOTON DIAGNOSTIC DETECTION ANI	D
envelope addressed to Mail Stop, Commissioner for Patents, P.O. Box 1450,	IMAGING OF A NEURO	ODEGENERATIVE DISEASE	
Alexandria, VA 22313-1450 on	Crown Art Units 2727	Examiner: E.M. Mercader	
February 6, 2004	Group Art Unit: 3737	Examiner. E.M. Mercader	
Signature: Lac. L. Lingsifa			
Name: Jane C. Wirszyla			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate (check time period desired):	entity fee are as follows		
One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$55.00	
☐ Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)		\$	
☐ Three months (37 CFR 1.1	7(a)(3)) - (\$475/\$950)	\$	
☐ Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)		\$	
☐ Five months (37 CFR 1.17	☐ Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)		
Applicant claims small entity status.			
A check to cover the fee is enclosed.			
☐ Payment by credit card. Form PTO-2038 is attached.			
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138. I have enclosed a duplicate copy of this sheet.			
I am the ☐ applicant/inventor			
	ntire interest. See 37 CFR 3FR 3.73(b) is enclosed. (Fo		
attorney or agent of record			
attorney or agent under 37 Registration number i	CFR 1.34(a). f acting under 37 CFR 1.34	4(a)	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTQ-2038.			
February S, 200\$	1	ulid J. Bollin	_
Date	•	Signature	
		Michael L. Goldman Typed or printed name	
NOTE: Signatures of all the inventors or assigned forms if more than one signature is required.	s of record of the entire interest or	or their representative(s) are required. Submit multiple	

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